

Name
in
Full

Isiah Beach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

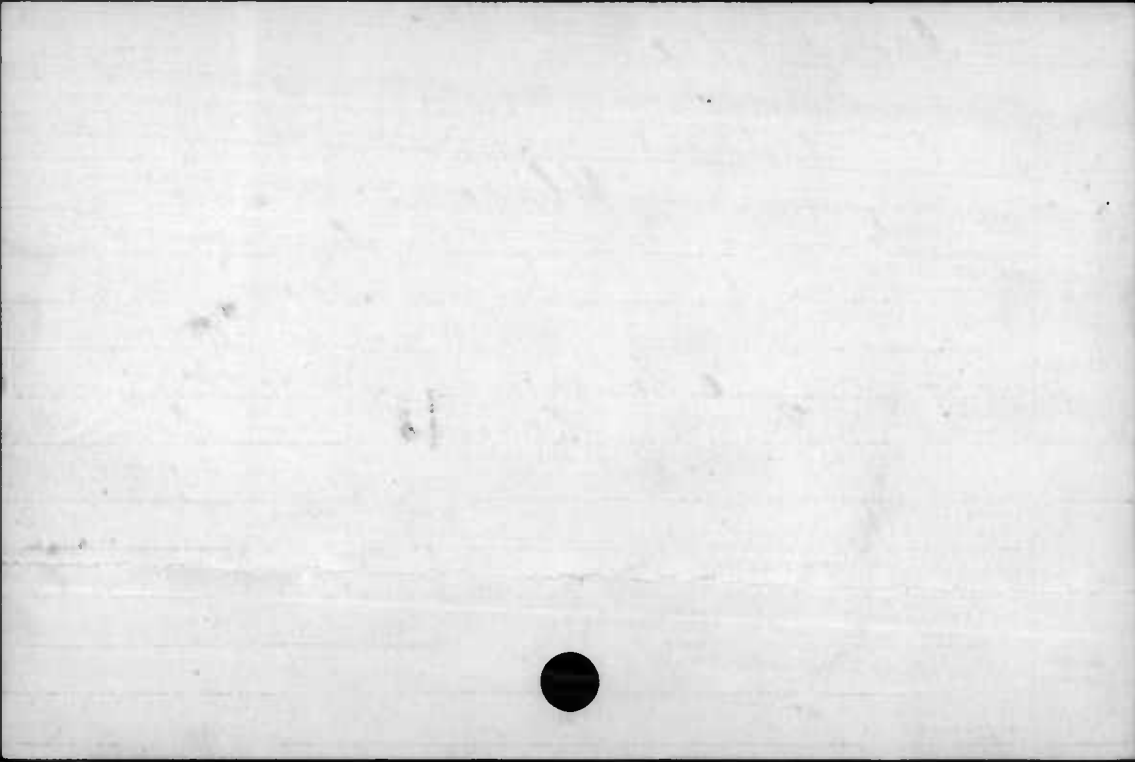
Died at		Town <i>Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>28</i>	Years <i>85</i>	Months <i>1</i>	Days <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Southern</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Irena Beach</i>					
Father's Name <i>Handy Beach</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Sallie Elizabeth</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>Fannie Hearne</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

163

PHYSICIAN
OR CORONER

Primary	<i>Suicide (jumping or walking off roof, and falling on head)</i>	How long	<i>163</i>
Immediate	<i>Suicide on brick pavement</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Robert Elligood M.D.</i>	
		Address <i>Delmar Del</i>	
Accident or Suicide?			



Name in Full		Washington & Bradley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Maddala ^{Town}		Wipornice ^{County}		MARYLAND	
	Date of death	1908	April ^{Month}	13 ^{Day}	Age 77 ^{Years}	5 ^{Months}	3 ^{Days}
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Captain		Where Residing if not at place of death		—	
	Married, Single or Widowed	Married		Name of Wife or Husband		Sarah E. Bradley	
	Father's Name	Bat Bradley				Father's Birthplace	Not Known
	Mother's Maiden Name	Rebecca Windsor				Mother's Birthplace	" "
Name of person giving information	Sarah E. Bradley				How related to deceased	wife	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(40)</div>							
PHYSICIAN OR CORONER	Primary	Cancer of Stomach				How long	6 months
	Immediate	Cardiac Failure				How long	Weeks.
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	W. N. Gossaway
	Accident or Suicide?	No				Address	Sharplow - Md.



Name
in
Full

William H. Brittingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

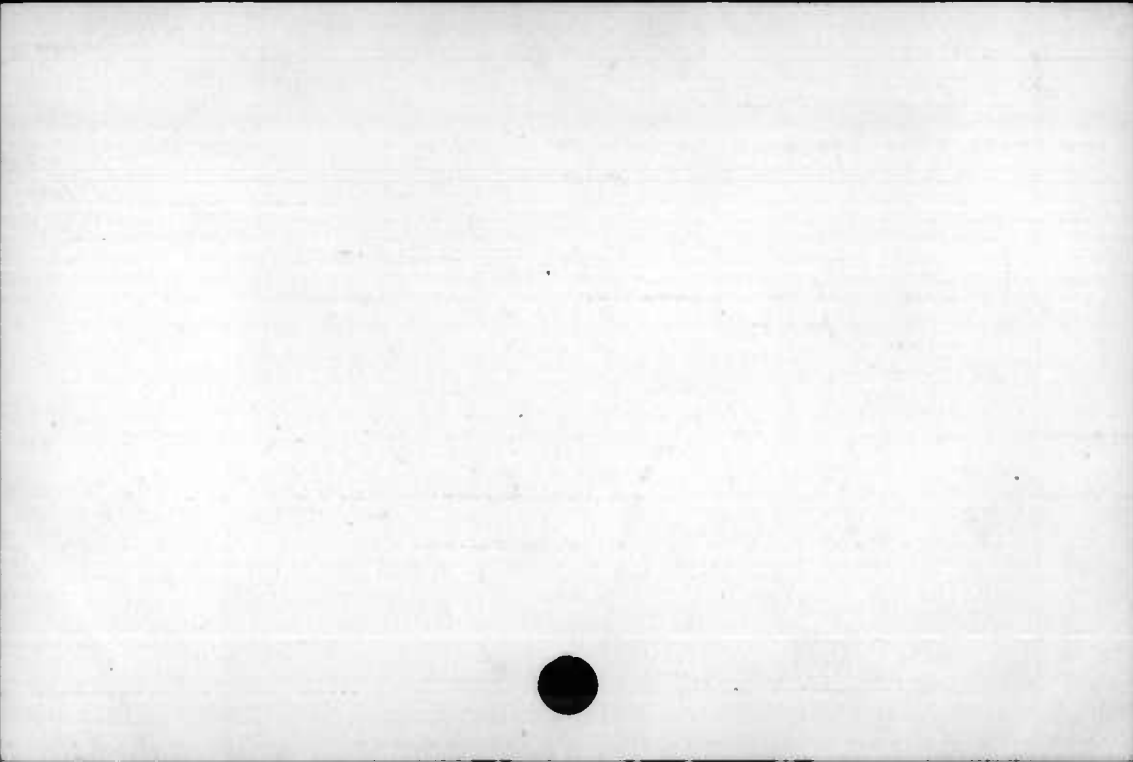
Died at		Town		County		MARYLAND	
Near Zion Church		Wicomico					
Date of death	1908	Month	April	Day	27 th	Age	55
						Years	7
						Months	20
Sex		Male		Color or Race		White	
Occupation		Farmer		Birth-place		Wicomico Co. Md.	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Fannie Brittingham	
Father's Name		William Brittingham		Father's Birthplace		Md.	
Mother's Maiden Name		Ann White		Mother's Birthplace		Md.	
Name of person giving information		Samuel A. Gordy		How related to deceased		None	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Don't know
Immediate	Tuberculosis	How long	"
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Robert Ellgood M.D.	
Address		Delmar Del	
Accident or Suicide?		No	



Name
in
Full

Caroline Brown.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>near Shapton</i>		County <i>Worcester</i>	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>15</i>	Age <i>45</i>
Sex <i>Female</i>	Color or Race <i>Col'd</i>	Birth-place <i>Del.</i>	
Occupation <i>Household duties</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Benjamin Brown</i>		
Father's Name <i>Sam Jefferson</i>	Father's Birthplace <i>Worcester Co</i>		
Mother's Maiden Name <i>Mary W Wilson</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Fannie A. Purnell</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 days</i>
Immediate <i>Cardiac failure</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. H. Cassidy</i>
	Address <i>Shapton Md</i>
Accident or Suicide? <i>No</i>	

Mary Stanley

age 17

Margaret Gosday

Daniel Stanley

Mollens B place Del

Name
In
Full

Ester Daschield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

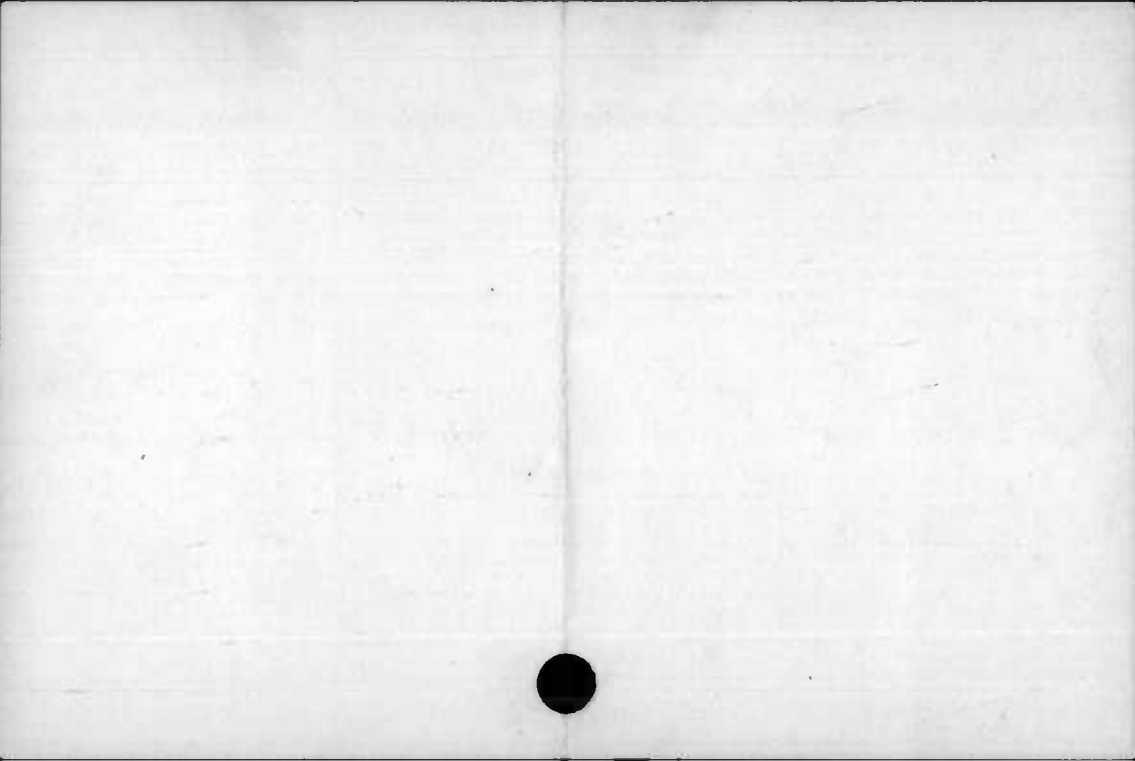
Died at <u>Allen</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	190 <u>8</u> April	Day	24	Age	84
Sex	Female	Color or Race	Black	Birthplace	Ind
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	William Daschield		
Father's Name	Levin Nelson		Father's Birthplace	Ind	
Mother's Maiden Name	Don't know		Mother's Birthplace	Don't know	
Name of person giving information	William Daschield		How related to deceased	Husband	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<u>General failure</u>	How long	<u>Several</u>
Immediate	<u>Libility</u>	How long	<u>weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Yes	Address		
Accident or Suicide?	Allen Md		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Sharplown* ^{Town}*Wicomico* ^{County}Date of death *1908 April*Day *14*Age *78* ^{Years}Months *1*Days *18*Sex *Male*Color or Race *White*Birth-place *Delaware.*Occupation *Rigger*

Where Residing if not at place of death

Married, Single or Widowed *Single*

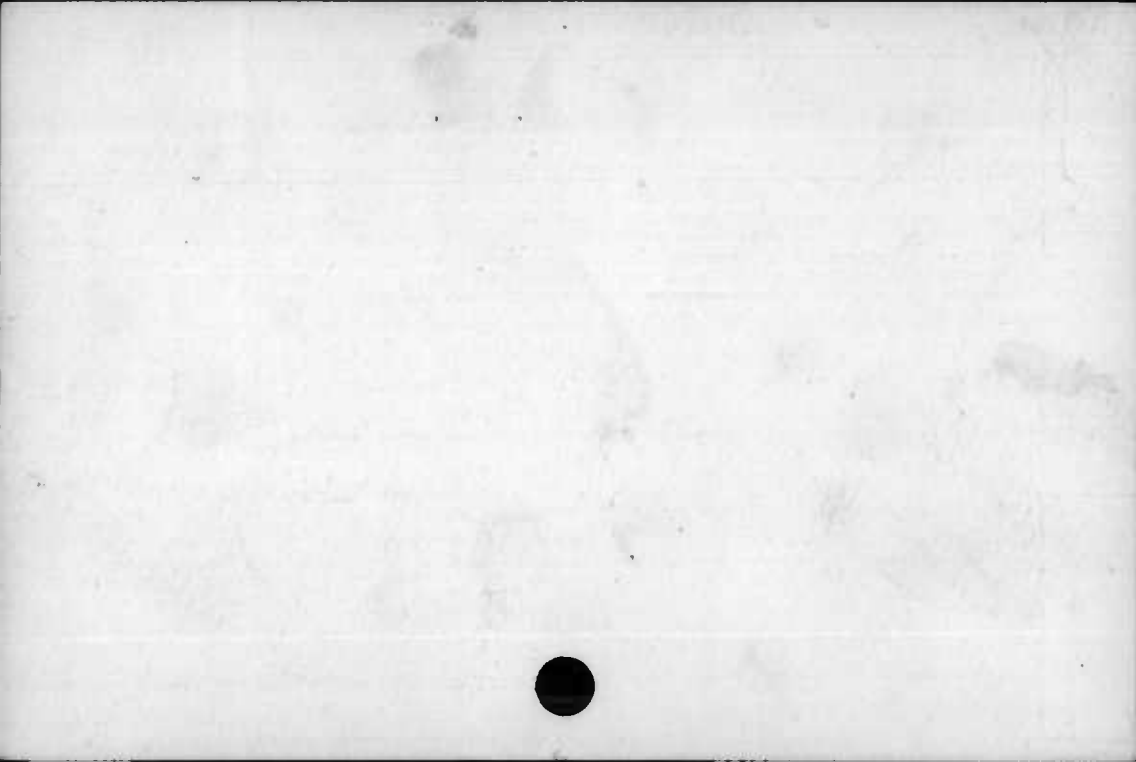
Name of Wife or Husband

Father's Name *Charles E. Egan*Father's Birthplace *Del.*Mother's Maiden Name *Patience Kellum*Mother's Birthplace *Wicomico, Md.*Name of person giving information *Martha Pritchard*How related to deceased *Daughter.*

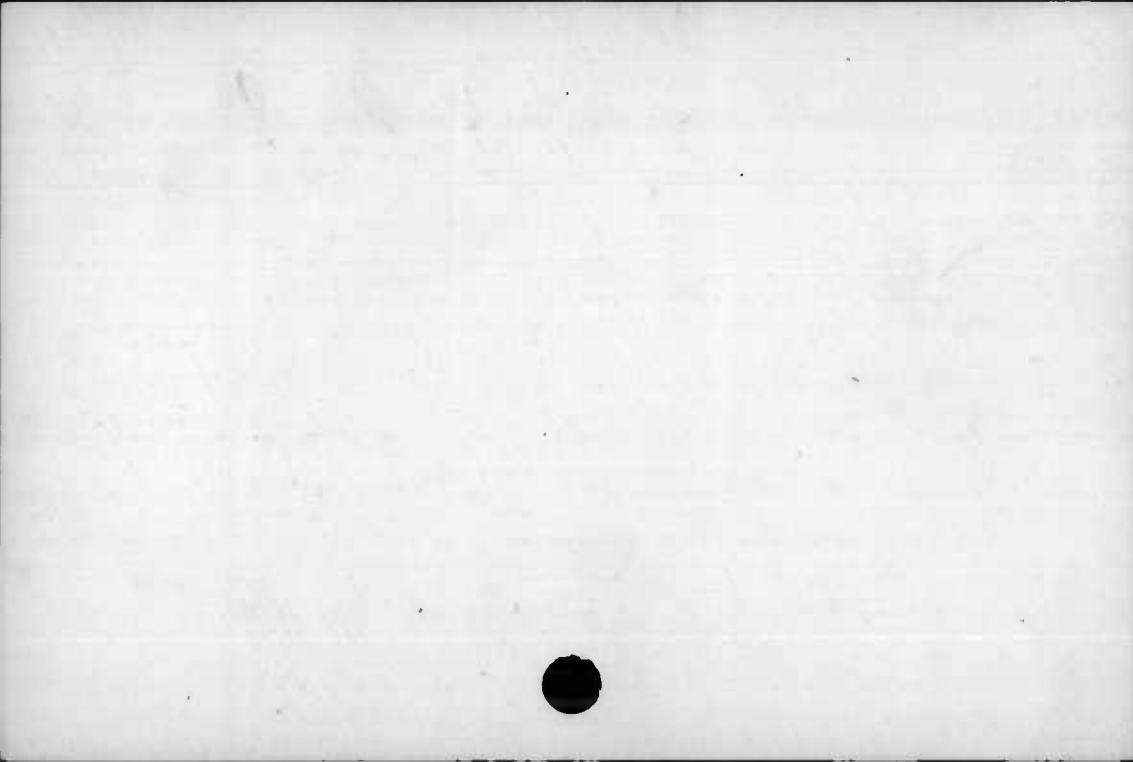
CAUSES OF DEATH

97

Primary *Bronchial asthma*How long *4 years*Immediate *Cardiac failure*How long *instantly*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Wm. W. Gorman*Address *Sharplown - Del.*Accident or Suicide? *No*



Name in Full <i>Britanna A. Gavenor</i>		County <i>Thiornico</i>		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sharptown</i>		Town		Maryland	
	Date of death <i>1908 April 27</i>		Month		Days	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Thiornico Co</i>	
	Occupation <i>House wife</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Clement J. Gavenor</i>			
	Father's Name <i>Levin Wright</i>		Father's Birthplace <i>Del.</i>			
	Mother's Maiden Name <i>Jane Jones</i>		Mother's Birthplace <i>Rockstar Co</i>			
Name of person giving information <i>Clement J. Gavenor</i>		How related to deceased <i>Husband</i>				
<div>CAUSES OF DEATH</div> <div>27</div>						
PHYSICIAN OR CORONER	Primary <i>Tuberculosis of lungs</i>		How long <i>8 years</i>			
	Immediate <i>Pleurisy</i>		How long <i>6 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. H. Gasaway</i>		Address <i>Sharptown</i>	
	Accident or Suicide?					



Name
in
Full

Caroline E. Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fruitland</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>28th</i>	Age <i>65</i> Years	Months <i>11</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co., Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Fruitland Md.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William H. Gray</i>				
Father's Name <i>Elijah Toadwine</i>			Father's Birthplace <i>" " "</i>		
Mother's Maiden Name <i>Eather Pollitt</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Clarence L. Vincent</i>			How related to deceased <i>Son</i>		

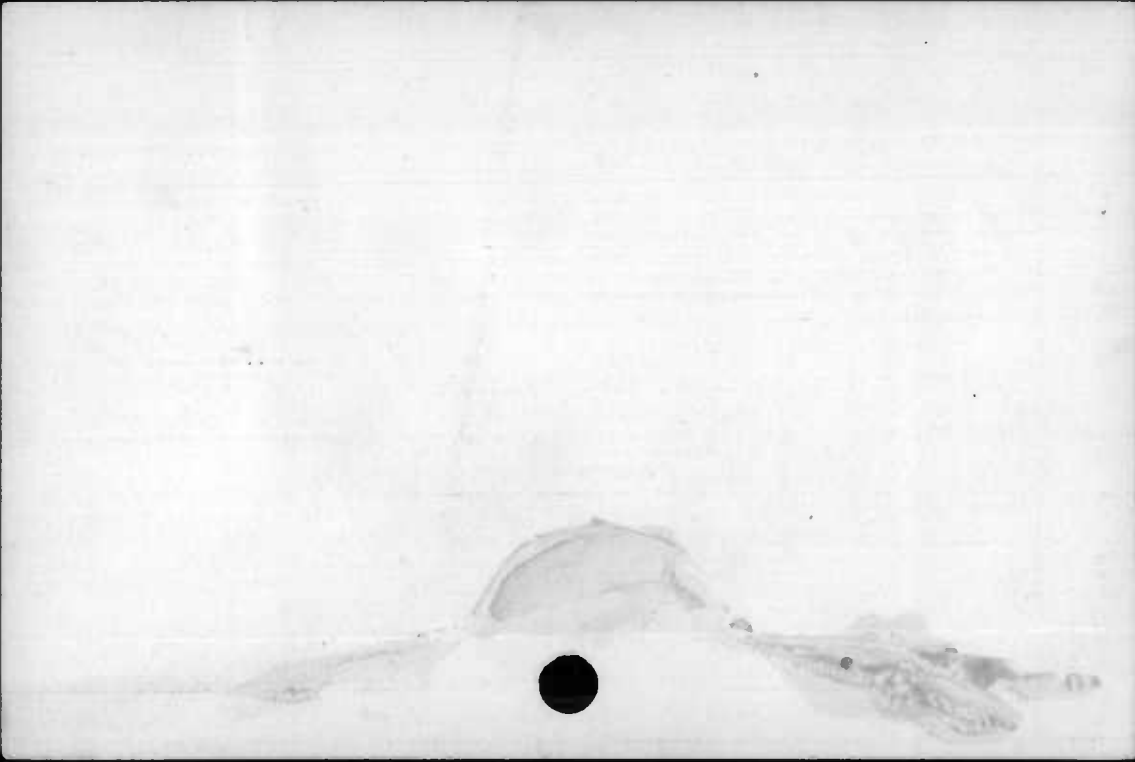
Struck in back by falling chimney

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary <i>Fractured spinal cord from injury</i>	How long <i>4 months</i>
Immediate <i>Repair of bladder & ureters</i>	How long <i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Morris Md.</i>
	Address <i>Delisbury Md.</i>
Accident <i>Accident</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

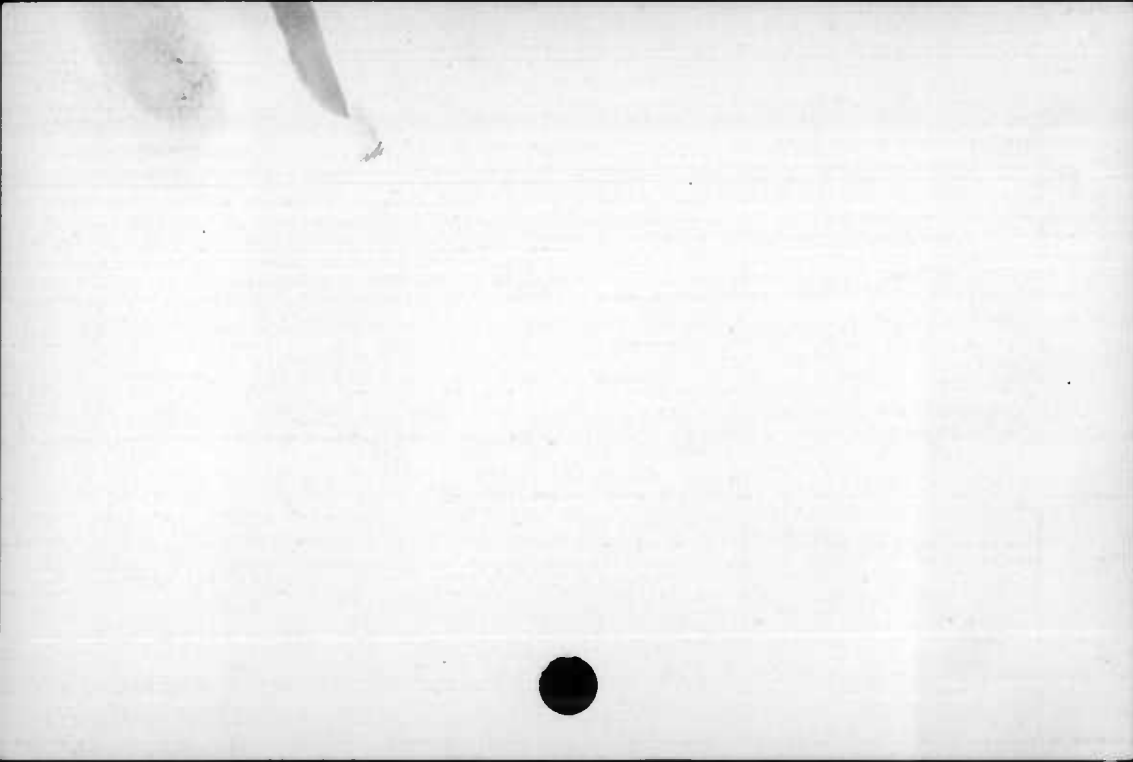
Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>10th</i>	Age <i>58</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Wicomico Co., Md.</i>	
Occupation <i>Housekeeper</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>George Hearn</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Don't Know</i>
Immediate <i>Inanition & general debility</i>	How long <i>Several Months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Slemons</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Patty Eleanor Howard

Town

County

Died at

Quantico

Wicomico

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

April

18

Age

76

9

1

Sex

Female

Color or
Race

White

Birth-
place

Sussex Co., Del.

Occupation

Farming

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Mrs Howard.

Father's
Name

Thomas Waller

Father's
Birthplace

Sussex Co., Del.

Mother's
Maiden Name

Nancy Waller

Mother's
Birthplace

Md. Laurel, Del.

Name of person giving
Information

W. F. Howard

How related
to deceased

Saw.

CAUSES OF DEATH

120

Primary

Chronic Bright

How long

6. mos.

Immediate

Uremic Coma

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

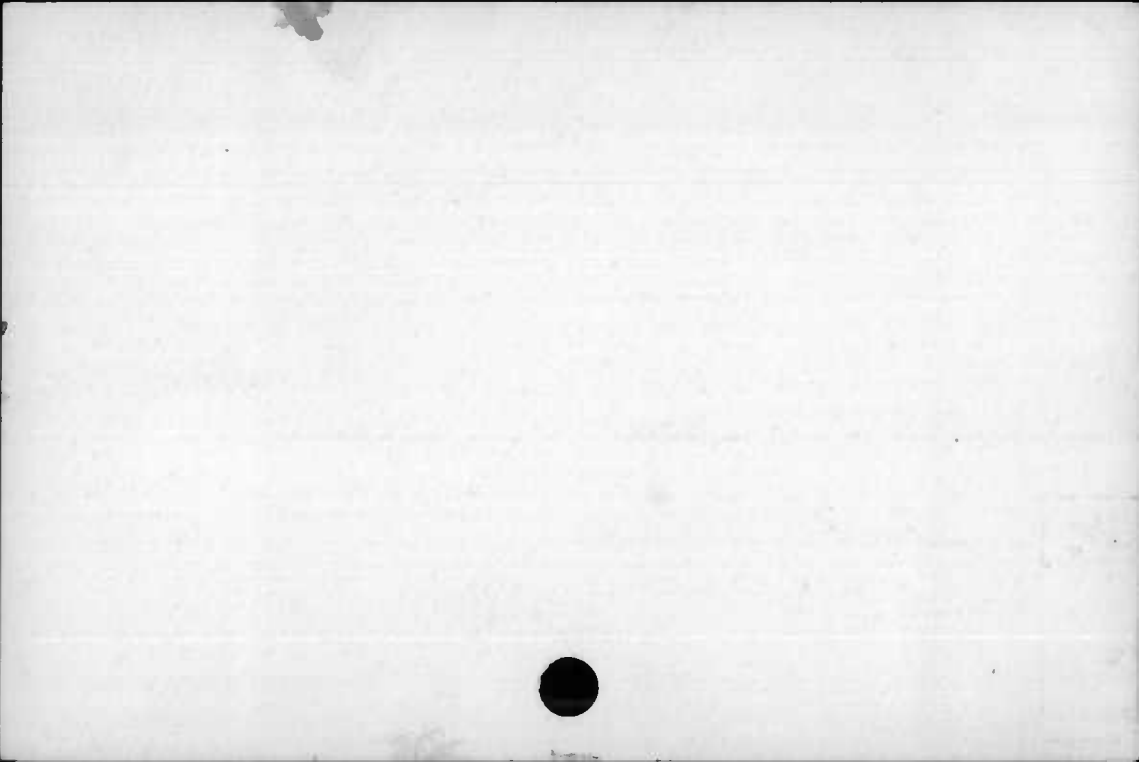
Address

J. H. L. L. L.

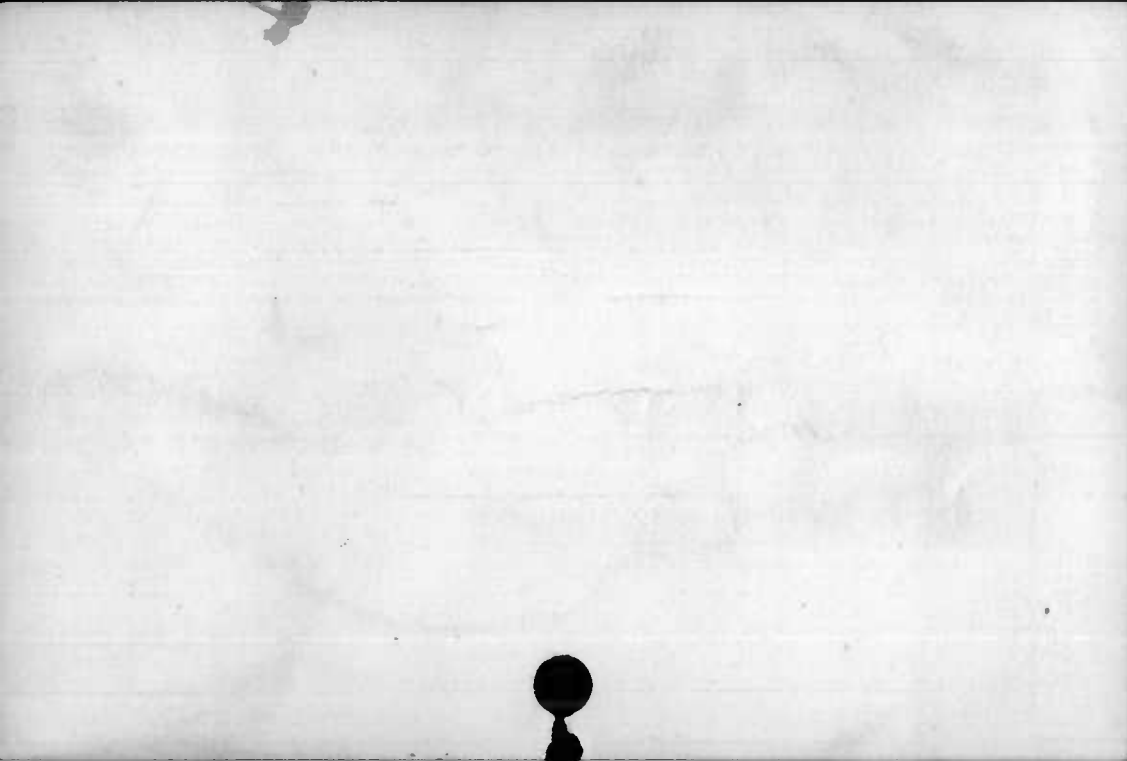
Quantico
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Ella J. Ingersoll				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Near ^{Town} Allen		County		MARYLAND	
	Date of death	1908	Month	April	Day	5 th	Age
					Years	22	Months
						0	Days
						22	
	Sex	Female		Color or Race	White		Birth-place
					Allen Md.		
	Occupation	Seamstress		Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	Single		Name of Wife or Husband			
				None			
	Father's Name	John S. Ingersoll				Father's Birthplace	Maryland
	Mother's Maiden Name	Millie Taylor				Mother's Birthplace	"
	Name of person giving information	Millie Ingersoll				How related to deceased	Mother
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px;">27</div> </div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis					How long
							10 months
	Immediate	Exhaustion					How long
	Are the name, age, sex, color, date and place correctly given above?	Yes					
PHYSICIAN OR CORONER	Signature of Physician					J. I. S. Long	
	Address					Allen Md.	
	Accident or Suicide?						



Name
in
Full

Edward Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death <u>1908</u>	<u>April</u> Month	<u>22</u> Day	Age <u>34</u> Years	Months	Days
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Worcester Co., Md.</u>	
Occupation <u>Cryslman</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Unknown</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information				How related to deceased	

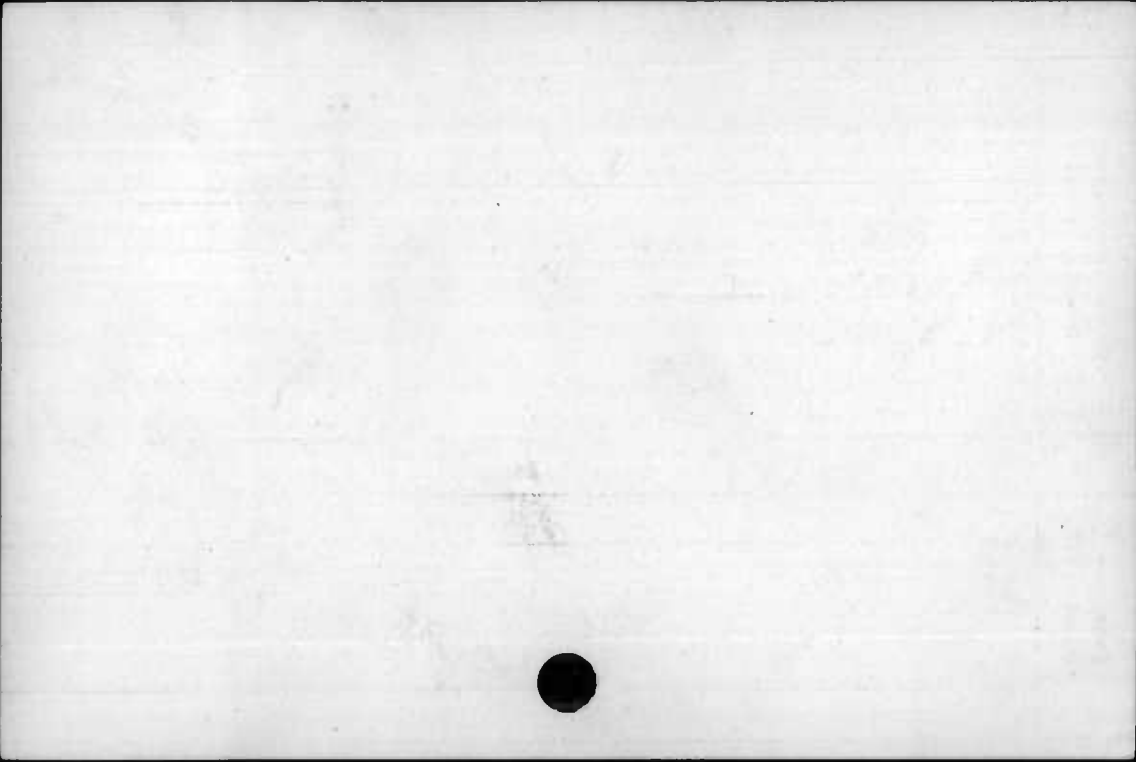
Shooting was the result
of a riot in which seven men were shot.

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <u>Gun shot wound of abdomen</u>	How long? <u>Immediate</u>
Immediate <u>Peritonitis</u>	How long <u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
<u>[Signature]</u>	Address <u>Salisbury, Md.</u>
Accident or Suicide? <u>Homicide</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

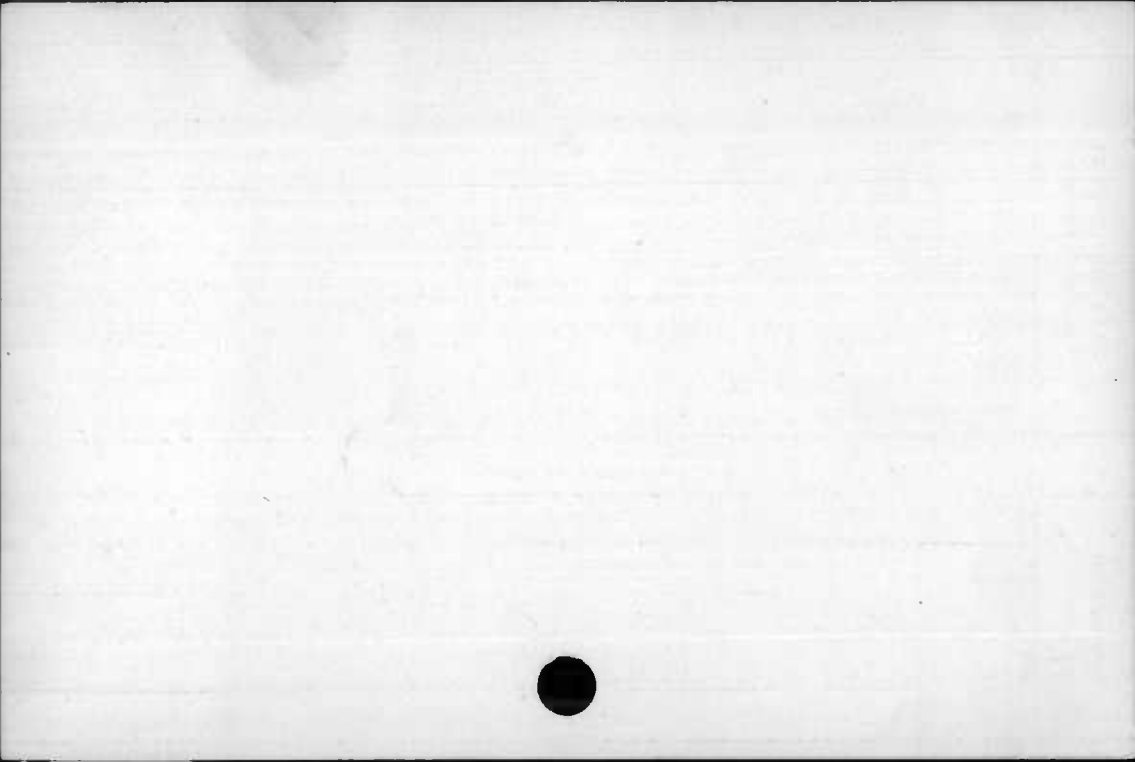
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>12</i>	Age <i>70</i>	Years Months Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Me</i>		
Occupation <i>Labourer</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Emma Nickerson</i>			
Father's Name <i>William Nickerson</i>		Father's Birthplace <i>Me</i>			
Mother's Maiden Name <i>Henrietta Truitt</i>		Mother's Birthplace <i>Me</i>			
Name of person giving information <i>J. E. Nickerson</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

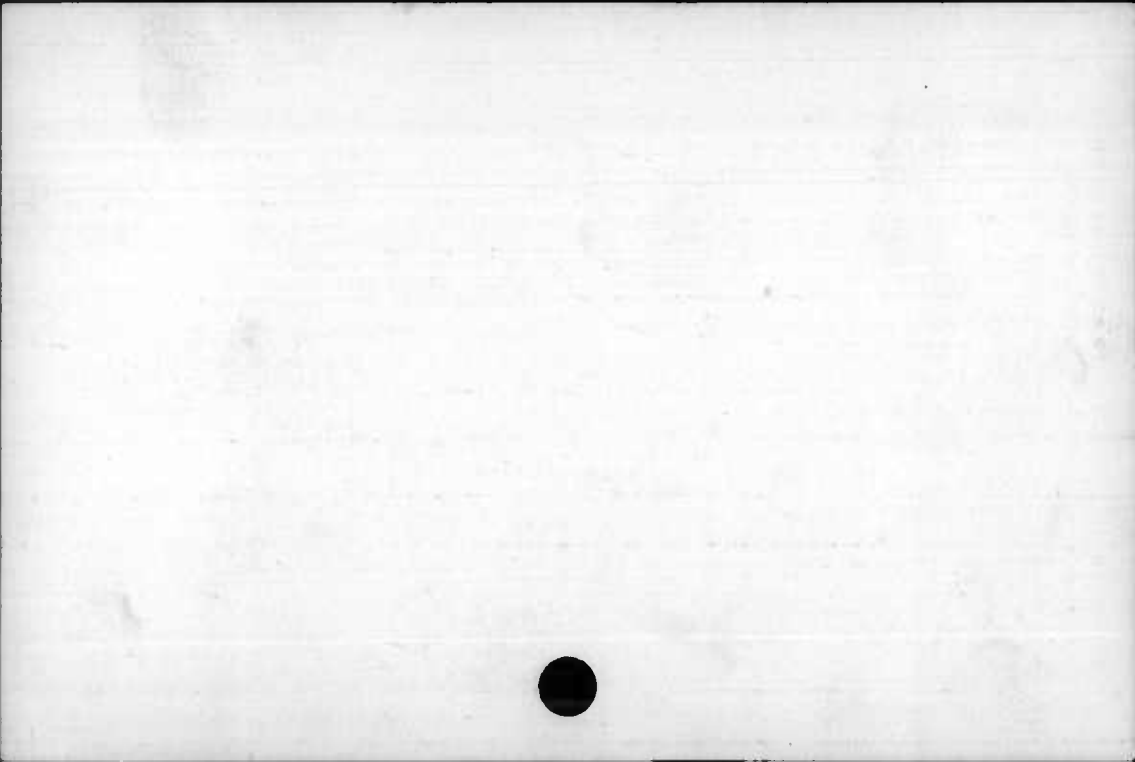
179

PHYSICIAN
OR CORONER

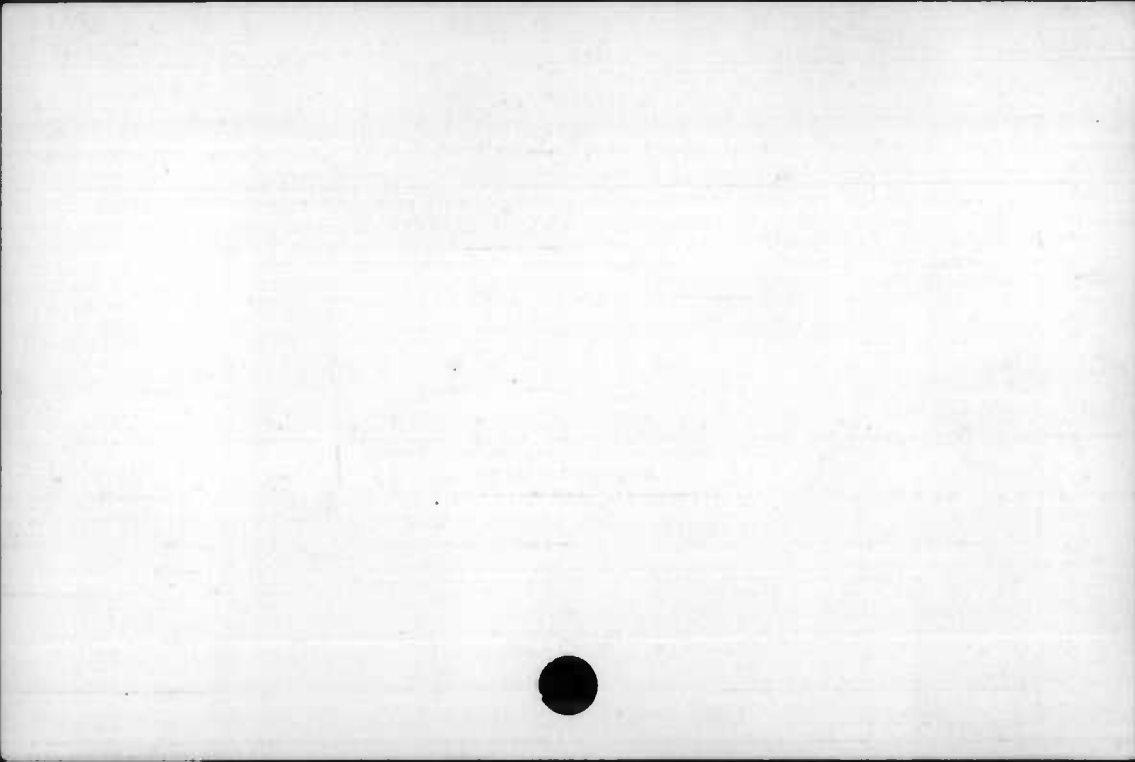
Primary	<i>General debility</i>	How long	<i>one year</i>
Immediate	<i>Exhaustion</i>	How long	<i>gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. B. Potter</i>	
		Address <i>Salisbury, Md.</i>	
Accident or Suicide?			



Name in Full		Sarah T Parsons				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Town		Wicomico	
	County						
	Date of death	1908	April	12	Day	Age	53 1/2
	Months		Years		Days		
	Sex	Female		Color or Race		Black	
	Birth-place	Md					
	Occupation	Housework		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband		Irvin Parsons	
FATHER'S NAME	Sandy Birkhead		Father's Birthplace		Md		
	Mother's Maiden Name		Kancy Malone		Mother's Birthplace		Md
	Name of person giving information		Irvin Parsons		How related to deceased		Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	General Paresis				How long	66
	Immediate					How long	Don't know
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Nancy Trull
					Address		Salisbury Md
	Accident or Suicide?						



Name in Full		Levin Peters				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} near Allen			County			Maryland		
	Date of death 1908		Month April	Day 7	Age	Years 84	Months	Days	
	Sex male		Color or Race Black		Birth-place Md				
	Occupation Laborer			Where Residing if not at place of death					
	Married, Single or Widowed			Name of Wife or Husband Lizzie Peters					
	Father's Name Wm. R. Know			Father's Birthplace Don't know					
	Mother's Maiden Name			Mother's Birthplace					
	Name of person giving information Louise Robinson			How related to deceased Daughter					
<div>CAUSES OF DEATH</div> <div>154</div>									
PHYSICIAN OR CORONER	Primary			Old Age			How long		
	Immediate			General debility					
	Are the name, age, sex, color, date and place correctly given above?			Yes			Signature of Physician B. R. Smith		
							Address Salisbury Md		
Accident or Suicide?									



Name
in
Full

Elnor T aylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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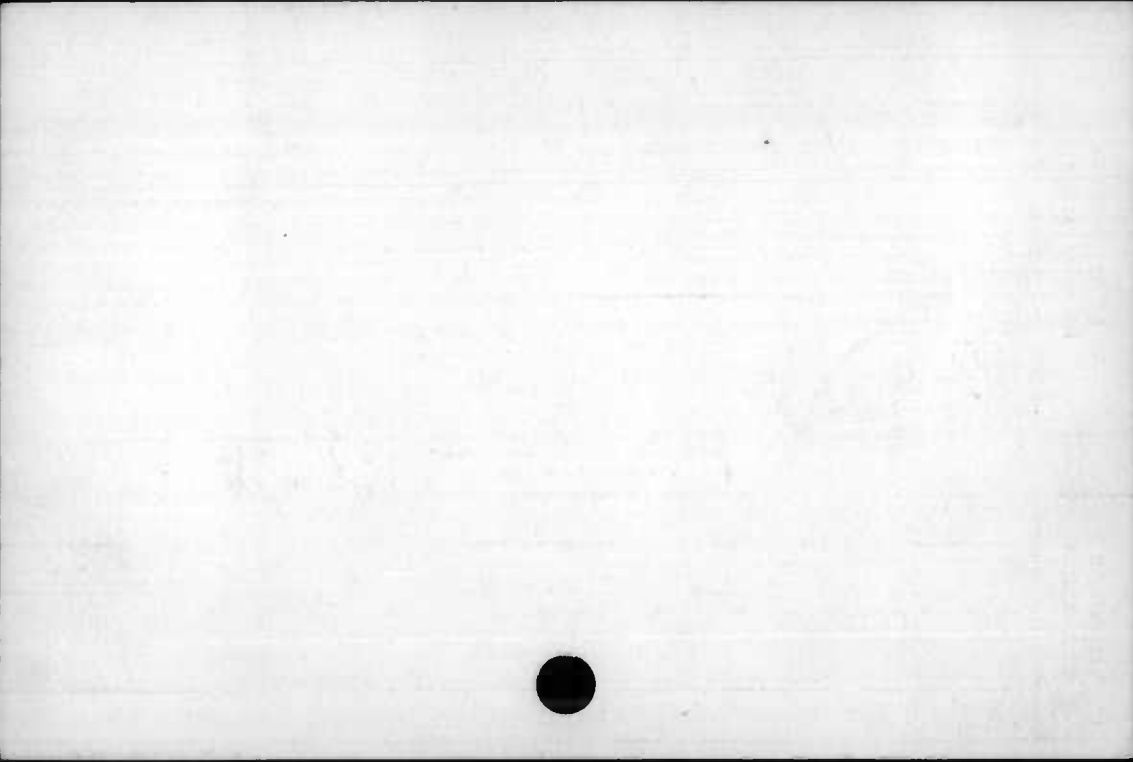
Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1908	Month <i>April</i>	Day <i>19</i>	Age <i>71</i>	Years	Months <i>4</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maine</i>				
Occupation <i>Retired Farmer</i>			Where Residing if not at place of death _____				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband _____					
Father's Name _____		<i>Daniel H. Taylor</i>			Father's Birthplace <i>Maine</i>		
Mother's Maiden Name _____		<i>Rosina. Fish</i>			Mother's Birthplace <i>Maine</i>		
Name of person giving information <i>Barnard P. Taylor</i>					How related to deceased <i>Son</i>		

CAUSES OF DEATH

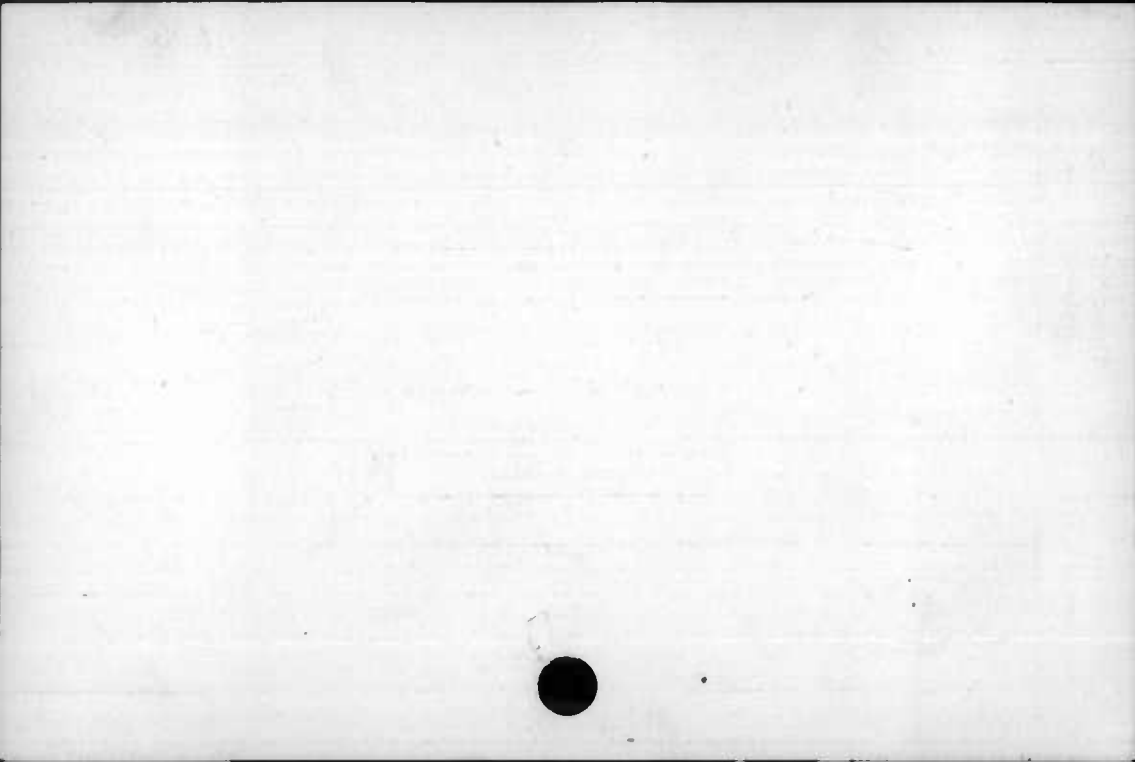
64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>12 days</i>
Immediate <i>General excitation & mania</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. McCombs M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name In Full		Town				County		CERTIFICATE OF DEATH			
Nette May Truitt		Salisbury				Wicomico		MARYLAND			
Died at		Date of death		Month		Day		Age		Years	
1908		April		24		5		11		Months	
Sex		Color or Race		Birth-place						Days	
Female		White		Md						26	
Occupation		Where Residing if not at place of death									
Married, Single or Widowed		Name of Wife or Husband									
Fether's Name		Fether's Birthplace		LEE Truitt		Md					
Mother's Maiden Name		Mother's Birthplace		Ida Lerner		Md					
Name of person giving information		How related to deceased		Ida Briceal		Mother					
		CAUSES OF DEATH				6					
Primary		How long		Measles		One week					
Immediate		How long		Capillary Bronchitis		15 days					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Yes		O. B. Potter					
		Address				Salisbury Md.					
Accident or Suicide?											



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Salisbury</i>				<i>Wicomico</i>		MARYLAND			
		Date of death <i>1908</i>		Month <i>April</i>	Day <i>19th</i>	Age <i>48</i>	Years	Months <i>7</i>	Days		
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>					
		Occupation <i>Seaborner</i>				Where Residing if not at place of death					
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Nancy E. White</i>							
		Father's Name <i>Rufus White</i>				Father's Birthplace <i>Md.</i>					
		Mother's Maiden Name <i>Leah Jackson</i>				Mother's Birthplace <i>"</i>					
		Name of person giving information <i>Nancy E. White</i>				How related to deceased <i>Wife</i>					
		CAUSES OF DEATH				(14)					
PHYSICIAN OR CORONER		Primary <i>Dysentery</i>				How long <i>2 weeks</i>					
		Immediate <i>Hemorrhage from bowels</i>				How long <i>1 hour</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J. M. Davis</i>					
						Address <i>Salisbury, Md.</i>					
		Accident or Suicide? <i>✓</i>									



Name
in
Full

Harry Wise

CERTIFICATE OF DEATH

MARYLAND

Died at *Salisbury* Town*Wicomico* CountyDate of death *1908 April 22*Age *17* Years

Months

Days

Sex *male*Color or
Race*Colored*Birth-
place*Dorchester Co., Md*

Occupation

*Laborer*Where Residing if not
at place of death*New Stockton Md*Married, Single
or Widowed*Single*Name of Wife or
Husband*✓*Father's
Name*Don't know*Father's
Birthplace*Unknown*Mother's
Maiden Name*Don't know*Mother's
Birthplace*Unknown*Name of person giving
information*Hospital*How related
to deceased

CAUSES OF DEATH

166

Primary

*Shooting was the result
of a riot in which seven men were shot.
Gen. shot wound abdomen*

How long

Immediate

Immediate

Peritonitis

How long

*48 hrs*Are the name, age, sex, color, date
and place correctly given above?*Yes as*Signature of
Physician

Address

*J. M. [Signature]
Salisbury, Md*

Accident or Suicide?

*No Homicide*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

